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Approved for use through 6/30/98. OMB 0651-0032

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION		Attorney Docket No.	71189-1370
		First Named Inventor	Samuel N. Hansen
COMPLETE IF KNOWN			
<input checked="" type="checkbox"/> Declaration submitted with or initial filing		Application No.	
<input type="checkbox"/> Declaration submitted after initial filing		Filing Date	
		Group Art Unit	
		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (only if one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CYCLONE SEPARATOR WITH VACILLATING DEBRIS INHIBITOR

(Title of the Invention)

the specification of which

- is attached hereto
or
 was filed on _____, as United States Application Number or PCT International Application Number: _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claimed	Certified Copy Attached YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number (s)	Filing Date (MM/DD/YY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
		<input type="checkbox"/>

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DECLARATION - Utility Or Design Patent Application

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) or any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the matter provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number 20915
Or
 Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label Here

Name	Registration No.	Name	Registration No.
John E. McGarry	22,360	Mark A. Davis	37,118
H. Lawrence Smith	24,900	G. Thomas Williams	42,228
Joel E. Bair	33,356	Donald J. Wallace	43,977

<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.	
Direct all correspondence to <input checked="" type="checkbox"/> Customer Number or Bar Code Label	20915

Name	John E. McGarry, Reg. No. 22,360 McGarry Bair LLP			
Address	171 Monroe Avenue, NW, Suite 600			
City, State, Zip	Grand Rapids, Michigan 49503			
Country	US	Telephone	616-742-3500	Fax 616-742-1010

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor A petition has been filed for this unsigned inventor.

Given Name (first and middle [if any])	Family Name or Surname		
Samuel N.	Hansen		

Inventor's Signature				Dated	1/21/02
Residence: City	Jenison	State	MI	Country	US

Post Office Address	1660 Broadview Drive				
City	Jenison	State	MI	Zip	49428

Additional inventors are being named on the 1 supplemental additional inventor(s) sheet(s) PTO/SB/02A attached hereto.

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<input checked="" type="checkbox"/> Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
David E.		McDowell					
Inventor's Signature						Dated Jan. 23, 2002	
Residence: City	Grand Rapids	State	MI	Country	US	Citizenship	US
Post Office Address	7425 Lime Hollow Drive, S.E.						
City	Grand Rapids	State	MI	Zip	49546	Country	US
<input checked="" type="checkbox"/> Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Lindsay Michelle		Swartz					
Inventor's Signature						Dated	
Residence: City	Rockford	State	MI	Country	US	Citizenship	US
Post Office Address	4211 Kroes Street, N.E.						
City	Rockford	State	MI	Zip	49341	Country	US
<input checked="" type="checkbox"/> Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature						Dated	
Residence: City		State		Country		Citizenship	
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Inventor's Signature							Dated
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City	Grand Rapids	State	MI	Zip	49546	Country	US
Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Lindsay Michelle		Swartz					
Inventor's Signature	<i>Lindsay Michelle Swartz</i>						Dated 1/21/02
Residence: City	Rockford	State	MI	Country	US	Citizenship	US
Post Office Address	4211 Kroes Street, N.E.						
City	Rockford	State	MI	Zip	49341	Country	US
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Inventor's Signature							Dated
Residence: City		State		Country		Citizenship	
Post Office Address							
City		State		Zip		Country	